

**Commonwealth of Virginia**  
**GE MasterCard Program Administrator Form**

Agency Number: \_\_\_\_\_

Check One:

- ☐ Purchasing Card Only  
☐ Travel Card Only  
☐ Both Programs

I, \_\_\_\_\_, an Authorizing Officer of \_\_\_\_\_ (the Agency) hereby authorize the following employee to act on behalf of the Agency in authorizing the applications of state employees for a GE MasterCard. Program Administrators also have the ability to change addresses, close accounts, change limits, modify industry restrictions and other program management on the agency's cards.

**AUTHORIZED PROGRAM ADMINISTRATOR**

The individual(s) listed below is hereby designated as an Authorizing Officer(s) for this Agency only.

**AUTHORIZING OFFICER OF AGENCY**

\_\_\_\_\_  
Authorizing Officer (Please Print)

\_\_\_\_\_  
Title

(      )

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

**NEW PROGRAM ADMINISTRATOR**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title/Role (Primary or Backup)

\_\_\_\_\_  
Office Overnight Delivery Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Office Mailing Address (if different than above)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
PAAC (4 digit alphanumeric password)

**DELETE PROGRAM ADMINISTRATOR BELOW (IF APPLICABLE)**

\_\_\_\_\_  
Name (Please Print) and Title/Role (Primary or Backup)

**Does the Program Administrator's listed on Page 1  
need access to Reporting?**

- ☐ Yes  
☐ No

**For DOA Office Use Only:**

**DOA Approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **User ID:** \_\_\_\_\_

**Provider Level:** \_\_\_\_\_

## Program Administrator Form Instructions

This is the new GE MasterCard Program Administrator form used to assign who at your agency needs the ability to administer the Purchase and/or Travel Card Programs. This form is only for those who need access to Program Administrator functions. If an individual only needs access to Reporting, please complete the SAM Reporting Request Form located on the Charge Card Administration web pages.

### **All items on the form are required.**

**Agency Number:** This is your State Agency number.

**Program:** You must designate what program or programs the Administrators listed need access to.

**PAAC:** This is the agency's Program Administrator Access Code. This code will be requested when you call into GE Customer Service to identify who you are. This code must contain only 4 digits and be alphanumeric. For security, do not share this PAAC to anyone. Only the DOA PA can retrieve this code for you if it is misplaced.

**Authorizing Officer:** This must be your Agency Head or designee.

**Agency Name:** Enter your complete agency name.

### **Authorizing Officer of Agency:**

1. Printed Name
2. Title
3. Signature
4. Date
5. Telephone number

**Program Administrator(s):** This information pertains to the new individual you are requesting be set up as a Program Administrator, or as a backup. Please complete a separate form for each individual Program Administrator.

1. Program Administrator Printed Name
2. Title/Role – your working title and what role you are (PA or backup)
3. Office Overnight delivery address – complete address including city, state and zip
4. Office Mailing address – complete address for USPS delivery, if different than above
5. Telephone (including extension) and Fax including area code
6. Email Address
7. Signature

**Access to Reporting:** Indicate whether the PA listed needs access to reporting. If they do, DOA will set this individual up with a user id and password. Once access has been assigned, the PA will receive an email with confirmation of their setup being complete.

**DOA Approval:** DOA purposes only.

If an individual **only** needs access to Reporting, please complete the SAM User Request form located on both the SPCC and Travel web pages under Forms.

If an individual **only** needs access to the Agency Electronic bill, please complete the Agency Electronic Bill Request form.